IDMA's resistance on pricing of medicines

2149. SHRI DARA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's move to make all life-saving medicines available at reasonable prices, faces resistance from the Indian Drug Manufacturers Association (IDMA);

(b) whether it is a fact that bodies of drug makers recently boycotted a meeting with Prime Minister's appointed Task Force on this account; and

(c) if so, what steps Government have taken so far, to keep its promise of providing 354 essential drugs available at cheaper rates as well as to follow the Supreme Court's directive to Centre that such life-saving drugs do not fall out of price control?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir.

(c) Drug Policies as amended from time to time are directed towards* ensuring abundant availability of quality drugs at reasonable prices.

A Committee under the Chairmanship of Joint Secretary (P1), Department of Chemicals and Fertilizers was constituted to examine the span of price control (including trade margin) in the light of National Common Minimum Programme and the observations of the Supreme Court in SLP No. 3668/2003 and to suggest measures for fulfilling the objective of National Common Minimum Programme to ensure the availability of life saving drugs at reasonable prices. This Committee has submitted its interim report to the Government. The Committee has recommended, *inter-alia,* intensive monitoring on the prices of all those drugs out of the selected basket (National List of Essential Medicines, 2003) which are not under price control, ceilings on trade margins of drugs a system of price negotiations for the new patented drugs, special schemes for people below poverty line, introduction of Rajasthan Model of Life Line Fluid Stores (hospital pharmacy stores run by Medicare Societies) for bulk purchase of drugs directly from manufacturer and selling them at reduced prices, compounding of offences under the

Essential Commodities Act, establishment of DPCO cells in all States on the model of Karnataka etc., efforts to increase public awareness, wide publicity to policies and decisions of the Government and National Pharmaceutical Pricing Authority (NPPA) etc.

A Task Force has also been constituted under the Chairmanship of the Principal Adviser (PP), Planning Commission to explore various options other than price control for achieving the objective of making available life saving drugs at reasonable prices.

Non-availability of Urologist in Medical Centre, PHA, New Delhi

2150. SHRI MANOJ BHATTACHARYA:
SHRI C. RAMACHANDRAIAH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Medical Centre was set up in Parliament House Annexe a few years back to enable Members of Parliament to consult Medical Specialists instead of going to Dr. R.M.L. Hospital;

(b) whether it is also a fact that there is no urologist attached to the medical centre to attend to the urological problems of the Members of Parliament for which they have to visit the RML hospital and if so, the reasons therefor; and

(c) whether there is a proposal to open a self-contained unit for urology and post an urologist at least once a week for the convenience of Members of Parliament and if so, by when?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The CGHS Medical Centre at the Parliament House Annexe was set up in 1975 for the convenience of MPs to obtain Specialists' consultation in addition to those already available at the Government hospitals like Safdarjung and RML Hospital, etc. The services at the Medical Centre have expanded over the years and at present consultation by twenty-five Specialists in various Specialities are available. A cardiologist has also been recently deputed to the Medical Centre for providing consultation thrice a week. The Medical Centre has a fully equipped laboratory, X-ray and ultrasound